

# Unearthing the Buried City

## *The Janet Translation Project*

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This document is part of *Unearthing the Buried City: The Janet Translation Project*, a series of AI-assisted English translations of Pierre Janet's works.

In his seminal 1970 book: *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*, Henri Ellenberger wrote:

*Thus, Janet's work can be compared to a vast city buried beneath ashes, like Pompeii. The fate of any buried city is uncertain. It may remain buried forever. It may remain concealed while being plundered by marauders. But it may also perhaps be unearthed some day and brought back to life (p. 409).*

This project takes Ellenberger's metaphor seriously — and literally. The goal of this work is to unearth the buried city of Janet's writings and make them accessible to the English-speaking world, where much of his legacy remains obscured or misunderstood.

Pierre Janet was a pioneer of dynamic psychology, psychopathology, hypnosis, and dissociation. His influence on Freud, Jung, and the broader psychotherapeutic tradition is profound, yet the bulk of his original writings remain untranslated or scattered in partial form. These AI-assisted translations aim to fill that gap — provisionally — by making Janet's works readable and searchable in English for the first time.

This is not an academic translation, nor does it claim to replace one. It is a faithful, literal rendering produced with the aid of AI language tools such as Chat GPT and DeepL and lightly edited for clarity. Its purpose is preservation, accessibility, and revival. By bringing these texts to light, I hope to:

- Preserve Janet's contributions in a readable English form
- Spark renewed interest among scholars, clinicians, and students
- Inspire human translators to produce definitive, academically rigorous editions

# An Alteration of the Faculty to Localize Sensations<sup>1</sup>

Pierre Janet

Presented to the *Society of Physiological Psychology*, March 31, 1890

Gentlemen, I would like to present to you in a few words an observation that I recently had the opportunity to make concerning a rather particular form of hysterical anesthesia, or rather, concerning an alteration in the localization of sensations.

It concerns a young girl, M., twenty-two years old, who has already been studied several times by my brother, Dr. Jules Janet, and on whom I myself have already published a few remarks. She is seriously ill, suffering for several years from hysterical anorexia; it is only with great difficulty that one can manage to feed her in a manner that is always insufficient, and it is known, following the remark of Mr. Paul Richer, that it is in this category of hysterics that the most serious psychological disturbances are most frequently encountered.

Having recently had the opportunity to attend to her again, I sought to determine above all, as must always be done in studies of experimental psychology, the exact state of her sensations and her movements. To verify whether there were any paralyses or mobility disorders, I asked her to raise her arms, lower them, move her legs, etc., and this with her eyes open, then with her eyes closed. As long as I spoke to her in an undetermined manner: "Raise your arm... move a leg," everything was done correctly. But when I gave her a more precise command: "Move your left hand... raise your right arm," I noticed a strange behavior. Instead of obeying right away, M. lowered her eyes and began to look at her hands with a sort of preoccupation, then made the requested movement. "Why," I asked her, "do you look at your hands like that?" "It's," she replied, "because people make fun of me when I get it wrong;... I look for the ring on my hand to know which is the right hand and do what you are asking." It was quite natural, after that response, to remove her ring, or better, so as not to disturb her, to ask her to do the same movements when she still had her gloves on. When one proceeds in this way, she is deprived of her point of reference and no longer distinguishes her right side from her left side. At first, I thought it was a sort of transfer, because she regularly raised her left arm instead of her right and vice versa; but upon examining more closely and more frequently, I became convinced that she had no preference and moved her hands entirely at random. Moreover, the information I gathered confirms this observation. For several years now, she has not distinguished right from left, and she makes strange blunders on this point which have been remarked upon by many people. It even seems that she used to become upset and cry when someone gave her directions with these words: "Turn right, open the door on the left," for she no longer understood the meaning and

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<sup>1</sup> Janet, Pierre. "Une altération de la faculté de localiser les sensations," Conférence à la Société de Psychologie physiologique, séance du 31 mars, 1890, *Revue Philosophique*, xxix (1890), I, pp. 659-664.

became completely disoriented. Today, she is a bit more skillful and gets by using a few tricks, of which we've just seen an example. In this, she follows the common practice of hysterics, who know how to mask their various anesthetics and correct them with other sensations or other images.

Such is the phenomenon briefly described: to understand it better, one must go a bit further into the psychological analysis of this person, and it is necessary, I believe, to distinguish several states through which she can pass.

Let us first note a first state, very frequent in her unfortunately, in which she has absolutely no tactile or muscular sensitivity at any point on the body. There is no reason to speak of localization. The movements that are preserved present characteristics now well known. They are carried out by means of visual images and not by means of muscular images; the subject accomplishes them when she looks at her limbs or, if her eyes are closed, when she retains the visual memory of the initial position of her limbs before beginning the movement. When these two conditions are not met, the limbs are paralyzed, maintain cataleptic postures, or move unconsciously. There is no need to return here to this study.

In a second state, when the subject is doing somewhat better, sensitivity seems to return in part. There would be interesting studies to conduct here on this gradual restoration of sensitivity; but they are quite delicate, for the slightest thing is enough to direct the subject's attention toward this or that sensation and make it reappear before the others. However, if I am not mistaken, sensitivity seems to reappear in this state in the vague form of pain, of discomfort without any distinctive sign. The sensations are completely indistinct and vague; heat, cold, pinching, brushing of the skin, an object placed in the hands—all of this provokes only a vague sensation of something unpleasant, without the subject knowing what it is. In any case, it is certain that there is at this moment no localization; the subject absolutely does not know where she is pricked, where she is touched.

In a third state, sensitivity is more complete; it reaches the highest degree of perfection that it can have in this subject; as for me, I have never been able to bring her beyond this. M. feels everything and distinguishes quite clearly the various sensations. She recognizes heat, cold, pinching, pricking, names an object placed in her hands, also feels the position of her arms without seeing them, etc. In this state, there is also a remarkable improvement in the localization of sensations: "You prick me, you touch me—on the shoulder, the arm, the wrist, the knee, the ankle," she answers me quite correctly. There is no localization trouble except for the body, the chest and back, where she localizes everything incorrectly, and for the fingers, which she does not seem able to distinguish from one another. These sensations and these localizations occur very slowly with a great delay in reaction, but nevertheless seem quite accurate.

Well then, at that moment—and it is on this point that I insist—despite this sensation and this localization, she absolutely does not distinguish the two sides of the body. "You're pricking the wrist," she says.

"That's true, but which wrist, the right or the left?"

"I don't know."

When I press further, she answers at random and is almost always wrong. There is thus a fairly fixed sensation and accurate localization in terms of height, but without any lateral localization, without distinction between the two sides.

We find again in the movements the same progress and the same disturbance as in the sensations. She moves her hands, arms, with her eyes closed, even when their position has been changed; she no longer presents paralysis, nor catalepsy, nor tremor of any kind, she has more strength and precision in her movements. Only the movements of the isolated fingers show the same disturbance that we had noted in their sensitivity—she moves the middle finger when I ask her to move the index and the little finger instead of the thumb; the other movements of the arms or legs are done without error. But here again we find the same ignorance of the two sides of the body: she does not know whether to move one side of the body rather than the other; she moves one or the other at random without knowing why. She performs precisely the movement she is asked to make, but does it with the left arm instead of the right, or vice versa, without seeming to notice.

There are not, as one might think, other movement disorders associated with this one. Thus, there is no synkinesis, as I observed in another patient who could not move her anesthetic left arm without simultaneously making the symmetrical movement with the right arm. M. moves her limbs separately without issue. This person is neither ambidextrous nor left-handed. If I put a pencil in both her hands and cover her hands with a screen, the right hand writes alone, the left does not move. If, without warning her and while hiding her hands, I place a pencil only in the left hand, she tries to write without suspecting that the pencil is in the left; but immediately, at the first movements, she stops, embarrassed, and says to me: “This isn’t working, you must have been making fun of me and put the pencil in the wrong hand.”

This last detail shows us that she can still recognize her hands by seeing them or by feeling them function. When she begins her sewing work, it seems she takes her needle at random in one hand or the other: she tries to sew, but very little, for she knows from experience that people will mock her, and she quickly changes the needle to the other hand if the sewing does not go well. When she is in the street and is told to turn right or left, she no longer begins to cry as she once did, because she has found a system. She does not remove her gloves to see her ring; she tries with one hand, then with the other, to make the sign of the cross. The hand that works best must be the right hand.

We thus see that there is no disorder of movement itself, which occurs under normal conditions. There is only a disorder of localization which appears exactly the same in motility and in sensitivity. This should not surprise us, for we are well aware of the close parallelism between sensation and movement, which manifests here in a new way.

Can we explain this phenomenon psychologically? This may be more difficult than it appears at first glance, for philosophers have scarcely deigned to concern themselves with the right and left sides and have not taught us much about their distinction. I first thought that this distinction was easy and even made visually, since in a dissection room one can perfectly recognize at first glance, even when

isolated, a right arm or a left arm. However, that no longer seems so accurate to me: the anatomy student recognizes a limb or a bone by placing it in position on an imaginary subject before him and then compares the limbs of the subject to his own, which he already knows. I understand well that M., not having the sense of right and left, does not recognize her hand visually without the aid of an auxiliary sign. If that is so, on what does this distinction depend, and what is the altered phenomenon in this subject? It seems to me that one might present—cautiously—three hypotheses which complement one another and which must contain part of the truth.

Obviously, in certain cases we resort, to distinguish the two sides, to a process analogous to the one our subject uses. The right arm is for us the arm that moves more easily, the arm that holds the pencil, the arm that writes. However, we do not proceed like M. and we do not try to write in the street to distinguish the sides. It is that M. needs, in order to make this distinction, to actually perform the movements, to feel and to see them, whereas we are content to make this attempt in imagination: the right arm is the arm that we can most easily picture in motion. We evaluate the difference between representations, while M. evaluates only the difference in actual movement. This hypothesis, plausible though it may be, does not fully satisfy me, for to attempt to compare the representations of our two arms in motion, those representations must already be distinguished by something.

It must therefore be supposed, secondly, that there is a particular sensation which distinguishes the two sides. “We distinguish our right from our left by a natural feeling, and these determinations of our own bodily extent then present to us a real difference in quality; this is even why we fail to define it.”<sup>2</sup> I will clarify this by recalling Wundt's theories on local signs, these different nuances of sensation which vary according to the regions of the body. “We are led to admit a local coloration of tactile sensations, a coloration that changes continuously over the entire surface of the skin.” Wundt goes even further and expresses certain theories that seem to apply in advance exactly to what we are describing: “We must admit,” he says, “that in the symmetrical regions of the two parts of the body, the local signs are very analogous, if not identical;... nevertheless, based on the real distinctions we can make, and based on the structural differences that, despite their strong analogy, we observe, we conclude that the local signs have a certain difference in the symmetrical and analogous parts.”<sup>3</sup> In short, Wundt thinks that local signs vary more in the vertical (height) dimension than in the lateral dimension, that there is more difference between a local sign of the arm and a local sign of the leg than between the local signs of the two arms. Well then, this supposition which the author makes a bit *a priori*, does not our observation confirm it entirely? We see that the precision of localization, according to our patient's degree of sensitivity, reaches to a certain degree—she is quite capable of distinguishing the local signs of her arm and her leg, but not enough to distinguish the more delicate local signs of her right side from those of her left. This second supposition is therefore more accurate than the first and must be completed by it.

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<sup>2</sup> Bergson, *Données immédiates de la conscience*, 1889, p. 73.

<sup>3</sup> Wundt, *Psychologie physiologique*, II, p. 29.

I would, however, like to add one more remark that seems important to me: the scientific method recommends that, when we observe an abnormal phenomenon, we should investigate whether there is not some parallel modification nearby. Well, I observe in the consciousness of this woman a serious modification; she presents to the highest degree the characteristic I have elsewhere indicated as being the essential flaw of hysterics—the narrowing of the field of consciousness. She is not merely distracted like hysterics who can only attend to a few things at once, she is almost reduced to thinking of only one phenomenon at a time and thus clearly approaches the state of consciousness seen in cataleptics. This trait is especially evident when one examines her sensitivity. I said that she manages to distinguish the main sensations fairly well; yes, but only on the condition of perceiving just one at a time. If she is pricked, if both arms are pinched at once, she never perceives more than a single sensation. That is why it was absolutely impossible for me to measure her sensitivity with the esthesiometer. Even if one point was placed on one arm and the other on the other arm, or one at the neck and the other at the foot, she would not always feel more than one contact. Even more striking, if one makes her experience two different sensations—a feeling of heat and a pinching, contact with an object and a prick—she still only feels, or rather perceives, one of those sensations. It would be very interesting to investigate how she chooses and why she perceives one sensation rather than the other. That choice has a reason, for everything has a reason in psychology, but to investigate it would return us to the study of selectivity in hysterics. I prefer to point out that this narrowing of the field of consciousness manifests externally, if one will, in a very clear way, through a parallel narrowing of the visual field. She has an astonishingly small visual field, the smallest I have yet seen: with both eyes open, it measures no more than  $9^{\circ}$ ; is it not possible that this narrowing of thought and of vision is related to something in this disorder of localization? She cannot think of both sides of her body at once, she cannot even see them, for I do not believe that, at the distance where they are, both her hands can be simultaneously within a  $9^{\circ}$  visual field. It thus seems to follow that the habitual comparison between the two sides of the body, the feeling of their features, the idea of their symmetry, cannot form under such conditions. The suppression of the notion of the right side and the left side may perhaps be a direct consequence of this narrowing of the field of consciousness.

To verify these suppositions, it would be necessary to gather other analogous observations; unfortunately, in the few rather insufficient investigations I have made on this subject, I have not encountered other descriptions of a disorder of localization that is absolutely comparable. Dr. Séglas has indeed published the observation of a patient who, in a melancholic delirium, claimed to be reversed and thus placed her right arm in the place of her left arm, but it does not seem to me that this fact is of the same kind. Further observations may perhaps clarify this small problem related to localization and give us clearer ideas on the important distinction between the two sides of the body.

Pierre Janet